

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

Application Number	09/426,779
Filing Date	October 23, 1999
First Named Inventor	Agapios K. Agapiou
Group Art Unit	1713
Examiner Name	
Attorney Docket Number	1999U024.US

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Attorney/Agent	Registration Number
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Lisa Kimes Jones	41,878
Raul R. Montes	32,545

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant

☒ Assignee of record of the entire interest

SIGNATURE OF Applicant or Assignee of Record

Name (Print/Type)	Raul R. Montes, General Counsel and Secretary for Univation Technologies, LLC
Signature	
Date	<u>3-17-01</u>



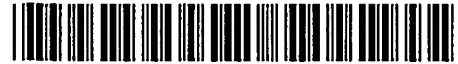
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101243720A

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DOC DATE: 11/04/1999

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KUO, CHI-I

DOC DATE: 11/04/1999

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DOC DATE: 11/04/1999

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SERIAL NUMBER: 09426779
PATENT NUMBER:

FILING DATE: 09/28/1999
ISSUE DATE:

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3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date: November 4, 1999			
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ <table border="0"> <tr> <td data-bbox="73 871 787 955">A. Patent Application No.(s) 09/426,779</td> <td data-bbox="787 871 1503 955">B. Patent No.(s)</td> </tr> </table> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A. Patent Application No.(s) 09/426,779	B. Patent No.(s)
A. Patent Application No.(s) 09/426,779	B. Patent No.(s)		
5. Name and address of party to whom correspondence concerning documents should be mailed: Name: Jaimes Sher Internal Address: Univation Technologies LLC. Mailing Address: 5555 San Felipe, Suite 1950 City: Houston State: Texas ZIP: 77056	6. Total number of applications and patents involved: [1] 7. Total fee (37 CFR 1.41): \$40.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 50-0589		

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9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <table border="0"> <tr> <td data-bbox="73 1470 592 1543"> <u>Jaimes Sher</u> Name of Person Signing </td> <td data-bbox="592 1396 1112 1564"> Signature </td> <td data-bbox="1112 1470 1433 1543"> <u>December 14, 1999</u> Date </td> </tr> </table> Total number of pages including cover sheet, attachments, and document: [3]			<u>Jaimes Sher</u> Name of Person Signing	 Signature	<u>December 14, 1999</u> Date
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